

Journal of Social Hygiene

"Red Feather" Number



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National Social Hygiene Day—February 1, 1950

"Social Hygiene is a Family Affair"

ABOUT THE AMERICAN SOCIAL HYGIENE ASSOCIATION

The American Social Hygiene Association, organized in 1913, is the national voluntary agency for social hygiene in the United States.

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EDITORIAL

THE RED FEATHER AND AMERICAN CHARACTER

To my mind, one of the most delightfully unique expressions of the American character is the Red Feather. Like football games, harvest moons, pumpkin pie and October's bright blue weather, it flourishes in the Fall. But it is not just a seasonal phenomenon. It is as emphatic a part of our national character as our respect for education, our facility for organizing and getting things done, and our faith in the virtues of self-reliance, which is equalled only by our willingness to join together when union will strengthen our cause.

The Red Feather is the symbol of our earnest, mutual desire to improve voluntarily the health and welfare of the American people. John Stuart Mill wrote—"The food of feeling is action. Let a man have nothing to do for his country and he will not care for it." The Community Chest campaign for Red Feather services provides just such action—action in which most of 140 million Americans can share—action in which they can serve their country and achieve a sense of personal voluntary participation in a common cause.

We are proud that social hygiene services are a part of the Red Feather story. For the goal of social hygiene is a people healthy, normal and well-balanced, fit to build successful families, homes, communities, fit to build a hopeful future for their children.

Only such a people will be able to meet the fundamental challenge of our time: "Today we are faced with the preeminent fact that if civilization is to survive, we must cultivate the science of human relationships, the ability of all peoples of all kinds to live together and work together, in the same world, at peace."

Philip R. Mather, President
American Social Hygiene Association

RAY LYMAN WILBUR, M.D.



April 13, 1875 — June 26, 1949

Dr. Wilbur died following a brief illness from a recurrence of the heart difficulty which had shadowed his health for some years. Although his activities had been restricted to some extent by this condition, he continued to serve as Chancellor of Stanford University and to carry his many other responsibilities and interests until shortly before his death.

As president of the American Social Hygiene Association from 1936 to 1948, as honorary president since then, and unofficially for many years before, he gave guidance and service to the social hygiene movement beyond our power to measure. His legacy to us is the credo by which he lived, taught and worked throughout his days:

"The goal of social hygiene is a people healthy, normal, well-balanced—fit to build successful families, homes, communities—as foundation-stones of strength and progress."

The **Journal of Social Hygiene** expects to publish later, for the permanent record, some notes on his contribution to the Association's work as writer, educator, physician, and public leader. Meanwhile, perhaps no more appropriate tribute could be paid to his memory than the theme chosen for next year's Social Hygiene Day—"Education for family life"—with the slogan

"Social Hygiene Is a Family Affair"

NEW YORK CITY MOVES AGAINST VD

An Informal Report on an Intensive Educational Campaign
Conducted in the Five Boroughs of Greater New York
November-December, 1948

THEODORE ROSENTHAL, M.D. and

A. A. BROWN

Director, Bureau of Social Hygiene, New York City Department of Health
Administrative Assistant,

During the four weeks starting November 7, 1948, no one in the City of New York could have gone about his business without being "hit" at least once a day by a message about the venereal diseases.

Either he heard a radio "spot announcement" on his morning news program, read a poster on a City Sanitation Department truck on his way to the subway station, saw a poster in the subway station, a stencil on the washroom walls, or a placard among the car cards. Or he read a VD item in his morning newspaper, received a pamphlet in his office mail from the Blue Cross Plan, or from an insurance company. He could, too, have picked up a pamphlet in the drug-store where he lunched, or in his barber-shop. At home in the evening his newspaper, his radio or television set brought him further news and information about VD. If he went shopping he was halted by a department store poster. At the bar, in his public library, in ferry terminals, on church bulletin boards, in his doctor's office, there again were posters or pamphlets to catch his eye. In Times Square he stopped to read VD slogans on several "spectacular" animated signs. At the movies he saw a VD newsreel short. At meetings of club, parent-teacher association, college fraternities, labor unions and other events, VD was again brought forcibly to his attention.

This gives one an idea of the extent to which New York City was "saturated" with VD information during a campaign that in public response was second only to the "smallpox campaign" which occurred in the city a year and a half earlier. This success was made possible by the whole-hearted cooperation of all the people:—the business and labor organizations, religious groups, civic bodies, educational institutions, workers in other city departments and plain citizens. Their keen awareness of the inherent complexities of the problem, and their courageous acceptance of the duties imposed in an educational campaign of this nature, are proof of the greatness of the people of the City of New York.

The medical profession made important contributions, both in terms of treatment and education. Those great media of communication—the press, the radio, the motion picture, television and billboards—set aside taboos and attacked the problem forthrightly and intensively. Two other "mass media," the subway car cards and the giant electric signs—both peculiarly New York's own—provided significant participation. Some three million leaflets and seventy-five thousand

posters telling of advanced treatment techniques, emphasizing clean living as the only effective VD preventive, and urging examinations, were distributed. This material was printed in several foreign languages as well as in English. The program won praise in newspaper editorials, from educators and from religious leaders. It reached every goal set for the campaign and achieved results far beyond original expectations.

PRELIMINARY PLANS AND PREPARATION

Announced as a month-long effort to inform the public of the newer painless, quick and effective VD treatment methods, the program's success was undoubtedly due more than to any other factors, to the careful organization and preparation which preceded the "kickoff" on November 7th. These preliminary weeks were filled with hectic activities in preparing material, obtaining support from all community groups and making ready for a barrage of publicity to descend simultaneously upon the public. Scrupulous care was taken to see that all material was in good taste, and within the bounds of propriety. No offensive language or expressions were employed. That this advance preparation "paid off" is apparent in the fact that not a single adverse criticism reached the Department of Health from any source.

In preparing the key pamphlet of the campaign, *What You Should Know About Venereal Diseases*, the text was submitted for review to representatives of the three major religious faiths, to representatives of the medical profession, to educational leaders and other key people in the community. This same care was taken with the subway car card, the subway station poster, other posters, with the foreign-language literature, and with all materials employed: thus city-wide acceptance was assured in advance.

The city's 17,000 physicians were alerted through articles appearing in the bulletins of the five county medical societies. Following conference with each society officer, direct-by-mail notices were sent to every physician in the city, with information about Health Department medical services offered for VD diagnosis and treatment—such aids as free penicillin and other drugs, laboratory services, consultation and follow-up assistance, refresher courses and so forth. Similar information was sent to the sixty-plus non-Health Department VD clinics.

Extra sessions were provided at Health Department VD clinics in those sections where relatively large attendance increases were expected, assuring satisfactory service to the public. All clinic personnel was alerted in special pre-campaign meetings. All Department of Health district health officers were provided with the campaign plan. Twenty-four hour telephone service was installed at central headquarters to take VD information calls. (Approximately 7,000 calls were received.) The office staff and telephone operators were briefed on the campaign and instructed how to handle the calls helpfully, efficiently and courteously.

Campaign methods and achievements can perhaps best be described under the following headings:

Newsreels and Motion Pictures

A four-minute newsreel based on the New York campaign, produced by Telenews Productions, appeared in six theatres in the New York midtown area and was shown approximately 300 times. The film was advertised on the theatre marquees. It is interesting to note that this newsreel appeared in 28 cities throughout the United States and in seven theatres in England. It also was presented over the facilities of 21 television stations in 17 cities.

Other films shown during the campaign were those produced by the American Social Hygiene Association: *With These Weapons* (in English and Spanish); *Our Job to Know, Health Is A Victory, Plain Facts* (English and Spanish); and those produced or released by the United States Public Health Service: *Message to Women, Fight Syphilis, Know For Sure, Magic Bullet* and *To the People of the United States*.

In the light of recent advances in therapy, few of these films are completely up-to-date. After checking many sources to uncover additional suitable motion pictures on VD and finding none that was appropriate, the New York City Department of Health undertook the production of a "minute-movie" designed to bridge the gap between existing films and present knowledge of the treatment of syphilis and gonorrhea.

During the month-long program there were 134 presentations of VD films and trailers in many theatres throughout the city. Actually, considerably more theatre showings should be credited to the campaign, because the limited number of prints available made it necessary to book films into late December and January. However, during the four-week campaign period the films played to theatre audiences totaling more than 45,000 persons. Some theatres distributed literature during evening hours and displayed posters. Film showings to clubs, schools, unions and other non-theatrical groups totaled 156 presentations during the month to audiences of approximately 13,000 men, women and youth.*

Transportation Media

For the first time in the City of New York, a VD "car card" appeared in the municipally operated transportation system. Only four years before, proposals to make use of this type of educational media had been refused, so that this event, from the viewpoint of overcoming previous objections, was one of the campaign's major achievements. Again, this was a direct result of careful planning and approvals obtained in advance from community groups, the City Transportation Board thus being assured of public acceptance of the VD message.

* As part of its regular VD educational service, the Department of Health supplies to organized groups in the city, without charge, necessary projection equipment and operation personnel and the services of physician-lecturers.

More than 10,000 cards were posted in as many subway cars comprising the New York City rapid transit system. Additional thousands of cards were posted in city-owned buses and trolley cars and in vehicles operated by the several independently operated bus lines. Cards were also displayed in the locally operated "runs" of the New York Central Railroad; the Long Island Railroad and the New York, New Haven and Hartford Railroad. Besides the car cards, approximately 2,000 station posters (size 30x45 inches) were displayed on all subway station platforms and on the stations of non-municipal transportation systems. On the walls of every toilet (approximately 1,400) in the subway system was stencilled a VD message.

One of the 10,000 subway car cards

The station posters and car cards were displayed for a period of three weeks to a month. The tremendous educational possibilities are indicated by the fact that during the month of November, on the city-owned transit system alone, there were 200 million riders! Additional millions of "impressions" were registered by the VD material displayed and distributed on other transportation facilities in the City of New York.

Posters were displayed at LaGuardia and New York City International Airports; at Grand Central Terminal, Pennsylvania Station and the Long Island Railroad terminals as well as at smaller railroad stations in and around New York City. All ferries serving New York City showed posters and distributed a substantial number of pamphlets to commuters.

Approval for display of small stickers in the city's more than 10,000 taxicabs was granted, but too late for integration into the November campaign. The Police Department, which regulates the taxicab industry, gave approval early in December, so the taxicab poster display was held over for use during Social Hygiene Month in February, 1949.

In the Newspapers and Magazines

In advance of the campaign opening date a 15-page *Fact Sheet for Editors and Writers* was sent to editors, newspaper reporters, radio commentators, columnists and similar thought-leaders in the city. This fact sheet gave a summary of information on the project and details about VD for use in preparing stories and announcements.

Coverage of the campaign by New York City newspapers was excellent. During the four-week period the daily press carried 148 items—including news stories, feature articles, editorials, signed columns, cartoon or picture layouts, and radio page stories, in addition to the day-to-day routine listing of VD radio programs, which appeared in all newspapers and were featured in some. This does not include the "filler" items which were supplied and used by all newspapers. In addition to the splendid daily newspaper cooperation, scores of items were published by weekly newspapers, college and university newspapers, trade journals, foreign language newspapers, house organs, industrial bulletins, welfare magazines and by medical and allied journals. The campaign received nationwide attention through distribution of news stories by the Associated Press and United Press, and through mention in the syndicated columns of Walter Winchell, Danton Walker, Alice Hughes and others, both in local and out-of-town newspapers.

Radio and Television

Because radio "listening" services are so expensive, and because for obvious reasons it is impossible to obtain detailed reports from station managers after a campaign (for which no payment is made) is over, the following report is necessarily incomplete. Only those broadcasts are listed of which we had direct knowledge. It will be seen that the coverage was complete, including all stations. Every station gave us handsome support. Spot announcements were made dozens upon dozens of times on television and from radio stations. Motion picture sound films on venereal disease were shown on 15 separate occasions on New York City television stations. The breakdown was as follows:

Television

WABD Seven showings; one spot announcement each night for seventeen nights.

WCBS-TV Four showings; one spot a night for fourteen nights.

WNBT Two showings; ten spot announcements.

WJZ-TV One film showing; six spot announcements.

WPIX Two showings; no spot announcements.

An interesting sidelight was the request by WNBC to feed the Monday, December 6th, showing of the ASHA film *With These Weapons* not only to the New York office, but by co-axial cable to the Boston television outlet as well, since the Boston station had specifically requested it.

Radio

The following summarizes the radio coverage:

WOR A "live" show to open the campaign series with Commissioner Harry S. Mustard, Judge Anna Kross, Dr. Evan Thomas and General Irving Phillipson; also spot announcements.

WNBC Used the U. S. Public Health Service-Columbia University transcribed series. Spot announcements on the football programs were broadcast by Bill Stern.

WCBS Semi-weekly use of transcribed series. Also effective introduction of each program by such outstanding men as General Omar Bradley, former Governor Herbert Lehman, Admiral Louis Denfield, James A. Farley and David Rockefeller.

WJZ Semi-weekly transcribed series. Pat Barnes and Nancy Craig's programs used guests and special material.

WMCA Special program with Henry Fonda, Dr. Theodore Rosenthal, and Dr. John F. Mahoney, U. S. Public Health Service. Also programs of J. Raymond Walsh and Dr. Woodward. Very liberal use of spots, particularly transcribed announcements of Jackie Robinson.

WQXR Special interview program with Alma Dettinger and Dr. Rawls. Also special *New York Times* forum program on subject. (This last inspired a sermon.)

WNEW Weekly transcribed program during campaign and through December into January. Spot announcements.

WNYC Weekly transcribed series continued into January. Also repeated the *WOR* opening program. Liberal use of spots.

WMGM Semi-weekly transcribed programs. Spot announcements.

WINS Weekly transcribed program. Many live announcements on disk jockey programs.

WLIB Weekly programs. Special Spanish interview program. Spot announcements.

WBNX Nightly program during first week of campaign and semi-weekly series throughout drive. Special programs with Bronx Health authorities. Many foreign language spots in Polish, Jewish, Italian and German.

WEVD Special programs with Doctors Leo Price and Marie Warner. Transcribed series used every day. Spots in English and foreign languages.

WHOM Saturday morning use of transcriptions. Special emphasis on Italian spots with doctors of the Health Department. Special cooperation in Willie Bryant program with announcements of interest to Negroes and Puerto Ricans.

WWRL Semi-weekly use of transcribed series. Special Spanish program. Round table with Doctors Castroviejo, Riegoli, and Canizares. Special programs with Queens County Health authorities. Many announcements in foreign languages particularly in Italian, Spanish and Polish.

WQOV Semi-weekly series. Special cooperation on announcements on Rosalie Allen and Fred Robins' programs. Spots, foreign language and English.

WHLI This station is in Hempstead, Long Island, outside the City, but they requested permission to use the programs and this permission was granted. Weekly series. Spot announcements. Special program with Dr. Earl G. Brown, Commissioner of Health, Nassau County.

Walter Winchell devoted portions of his nationwide ABC program to the New York City campaign on two consecutive Sundays, November 7 and November 14. Beginning his remarks, he said:

"Mr. and Mrs. American family, I am going to talk about VD. In case you are fussy about the children hearing grown-up talk, this is your

chance to get them out of the room. I will stall a few seconds until you get the kids away, if that's the way you feel about it. Frankly, VD is being discussed openly in high schools and colleges. Your teen-agers should know what I am about to say. . . . This New York City campaign, ladies and gentlemen, is the result of a consultation by educational, religious, and welfare leaders. . . . This great campaign is the start of "bye-bye" to "hush-hush". Mr. Health Commissioner of New York, thank you very much for giving your New York correspondent the opportunity to turn these microphones over to public service."

This broadcast brought a terrific response from all the 48 states. Letters of approval came from clergymen, teachers, parents, college presidents, and other leaders. Mayors of many cities wrote for information.

Cooperation of the Medical and Allied Professions

The five county medical societies in the City of New York were unanimous in their support. Each county medical society bulletin carried a feature article about the project, especially slanted to the physician's viewpoint. Members of the county medical societies appeared on live radio programs and on transcribed programs prepared for English and foreign language audiences. They volunteered their services as lecturers at community meetings, rallies, club meetings and other assemblies. Private physicians began to make more frequent use of the Department of Health's diagnostic and consultation services. Free distribution to doctors and hospital out-patient departments of penicillin for early syphilis, syphilis in pregnancy, and for gonorrhea had been begun in August, 1948. Penicillin to physicians increased 400 per cent during the first campaign month and continued at a high level during December.

The Associated Hospital Service Blue Cross Plan mailed the VD leaflet to more than 200,000 subscribers.

Help from Labor and Management

The campaign had the approval and support of the State CIO, the AFL Central Trades and Labor Council, and many independent unions. Chambers of Commerce and trade associations cooperated. Virtually all master barber associations sent posters to their 3,500 or more barber shops. The tavern owners' association sent posters and pamphlets to members. Chain food stores used posters and literature. The Retail Dry Goods Association, clearing agency for all the major department stores, voted support and reported that its members would use posters and literature for employees. One of the city's largest department stores displayed the VD posters throughout its street floor. The Metropolitan Package Stores Association urged all package liquor stores to distribute literature. The Association of Private Office Personnel Agencies, the Hotel Association of New York, the Savings Bank Association of the State of New York, the Towel Service Bureau—all gave full cooperation. Labor unions arranged meetings, used posters and exhibits, distributed literature and carried news items in their union publications.

In the Drug Stores

More than 4,000 pharmacies cooperated through literature distribution and, in some cases, with VD window displays. E. R. Squibb and Sons donated to the drive an attractive die-cut counter-size literature dispenser. The New York State Pharmaceutical Association lent its support by urging its members to display the dispensers. Each drug store was sent 100 leaflets with the dispenser. As a "pat on the back" for the local pharmacist, these leaflets were imprinted with an acknowledgment of his helpful role in the campaign.

The Official and Voluntary Agencies

Both official and voluntary agencies gave full support. Foremost among the latter was the American Social Hygiene Association as the national voluntary organization. The Harlem Council on Social Hygiene and other local citizen groups, all furnished valuable help. Representative groups of the three major religious faiths, charitable and welfare organizations, approved and cooperated. For example, the Baptist Ministers' Conference of Greater New York circularized its membership, urging cooperation. Many pastors responded with *Health Sunday* sermons. The program was approved by the Police Athletic League and the Armed Forces Disciplinary Control Board for the New York Area.

Special mention should be made of the work of nurses of the several Visiting Nurse Associations, who furnished literature and information during home visits. At the clinics, the Department of Health Nurses rendered valuable aid. Many other city departments assisted in the distribution of educational material, both to their employees and to the public. These included the Board of Transportation, the Department of Licenses, the Department of Sanitation, Department of Welfare, the Department of Public Works, Department of Housing and Buildings, Department of Parks, the Police Department, the Municipal Broadcasting System, the Department of Marine and Aviation, and the Borough Presidents' Offices.

One hundred and thirty-five branches of the Public Library system distributed materials, and some displayed books especially related to the social hygiene program. A copy of the book, *The Control of Venereal Disease* by Drs. R. A. Vonderlehr and J. R. Heller, was donated to each branch library.

Outdoor Advertising

Large outdoor posters (24-sheet) were displayed at strategic locations, such as the entrances to Brooklyn Bridge, along heavily traveled



Four thousand drug-store counters displayed this card and distributed leaflets.

parkways, at avenue crossings and in busy business districts. Smaller "one-sheets" were "sniped" around town, on buildings, fences, in empty store windows, and in other permissible locations.

"Spectaculars," the enormous electric animated signs which crowd New York's Times Square and other city areas, played an important role. Every four minutes, fourteen hours a day, for one week, a "walking" sign atop the Times Square Brill Building, urged *Fight VD—See Your Doctor or Local Clinic*. The huge Bond Clothes traveling sign in this midtown area also gave space to VD during the opening days of the campaign. In the heavily travelled Union Square shopping area, S. Klein's Department Store spelled out a VD slogan on its big walking electric sign, every two minutes, six days a week, for two weeks. Additional millions of "impressions" of the VD message were made upon the public by these "spectaculars."

At the Colleges and Universities

Educational institutions cooperated splendidly. Literature, posters, films, lectures at class meetings and special assemblies, news items in the college press—these were some of the ways in which the educational authorities supported the VD program. Success in this field was important, because VD information reached here the teen-age section of the population, in which group there has been the most disturbing rise in VD incidence.

Hunter College approved the campaign as "fine and proper". Barnard College deemed it "a fine thing" to cooperate. Queens College declared "it would be a pleasure" to be of assistance. Other participating colleges were Brooklyn College, Wagner College, College of the City of New York, New York University, Fordham University, St. John's University.

The Foreign Language Groups

In any educational program New York City presents additional problems because of its many foreign language groups. The City is truly a "melting pot" for a score or more non-English speaking communities. The program for these racial groups was a campaign in itself. Large foreign language groups exist among labor unions, and among such groups of workers as professional, educational, cultural, social, welfare, fraternal, etcetera. For these groups, bi-lingual pamphlets and posters in Spanish-English and Italian-English, were prepared and given wide distribution in appropriate areas of the city.

Representatives of foreign language newspapers, assembled early in the campaign, promised full support. Fact sheets and releases were sent to these newspapers, which are printed in Arabic, German, Chinese, Armenian, Croatian, Polish, Yiddish, Spanish, French, Gaelic, Greek, Hungarian, Lithuanian, Italian, Russian, Syrian, Hindu, and Ukrainian. Electrotypes and mats for a one-column one-inch ad in Italian and Spanish were made available to newspapers, magazines and house organs.

The Spanish versions of the American Social Hygiene Association films—*Con Estas Armas*, (**With These Weapons**) and *La Escuela Verdad* (**Plain Facts**)—were widely used. Physicians who were able to lecture in foreign languages readily contributed their services as lecturers at social clubs, rallies, dances and other meetings.



The "key" educational leaflet in English, Spanish and Italian
(See also posters in the three languages, page 320.)

Literature was distributed at dances sponsored by foreign language groups. At these gatherings talks were given over the public address systems, pamphlets placed on tables, in rest rooms and in pockets of coats by the cloakroom attendants. Spot announcements and transcribed talks were presented over local radio stations in more than a dozen languages.

INTERPRETATION OF RESULTS OF CAMPAIGN

That the campaign achieved its goal—the education of New Yorkers about the present rapid, effective, painless therapy for VD—there can be little doubt. It would be difficult to put one's finger on any useful avenue of information that was not utilized in the drive. It would be difficult to conceive that any New Yorker avoided hearing or seeing a VD slogan during the month of November, 1948. The current universal acceptance bodes well for future dissemination of VD information in our community.

What do the statistics show, in terms of clinic attendance, serologic tests, new cases reported, and other results?

During the month of November, 1948 as compared with October, 1948,—or, as a matter of fact, with any month of 1948—there was a 250 per cent increase in number of individuals seeking examination at Health Department clinics. Compared with the same month in 1947, the increase was 300 per cent. In actual numbers, during the campaign month 12,187 persons were examined at Health Department clinics as compared with 4,717 in the preceding month and 3,695 in November 1947. It should be emphasized that these figures are for the 21 Health Department social hygiene clinics and do not include increases in attendance at the 60 or more non-Health Department social hygiene clinics, nor do they include persons who reported to their private physicians for examination.*

The increase in clinic examinations during November, however, does not tell the whole story. The interest and action generated by the campaign spilled over into December and January. December showed an approximate 4,000 increase in individuals making their first visit for examination to Health Department social hygiene clinics, and January showed about 2,000 more. Thus, during the three-month period beginning with the "kick-off" date statistics indicate that besides the usual clinic attendance, about 14,000 people in the city were moved by our pamphlets, posters, radio programs and other publicity to report to Health Department clinics for examination for VD. Undoubtedly this figure could be swelled by several thousands who reported to other clinics and to physicians. In our opinion, this reflects a marked degree of success for the educational program.

Some indication of the number of people who went to their private physicians for examination is shown by the number of blood specimens tested by the Health Department laboratory. During the month of November 1948, there was an increase of approximately 7,000 in specimens received from private physicians, as compared with the figure for the same month in 1947. The usual seasonal decline for the end of the year was reversed as a result of the educational program.

Despite the campaign's success, the number of new VD cases reported to the Health Department showed no significant increase. This fact fits into the pattern displayed by other cities which have conducted intensive VD programs—Jackson, Tennessee and Chicago, Illinois, for example. It also reflects the national trend revealed by Dr. Leonard A. Scheele, U. S. Public Health Service Surgeon General, in his address at the annual meeting of the American Social Hygiene Association in Washington, last February 2.

"We have watched skeptically, hopefully, scarcely daring to believe the evidence," he said. "But though the number of examinations increased through the months by 30 per cent, the number of cases of primary and secondary syphilis among those examined decreased by a

*An attempt was made to get some idea of the reasons for coming to the clinic of approximately 1,000 patients who applied for diagnostic observation. A number of interviewers, both Health Department workers as well as volunteers from Columbia University, interviewed persons who applied to four of the largest clinics and were classified by the Health Department as "medical advisory cases". The results of this questionnaire are being tabulated carefully.

little over 20 per cent." The Surgeon General particularly complimented New York City for its public appeal campaign last year. He said it had met with "excellent results."

In respect to the case-finding phase of the campaign, it should be recalled that New York City has had a comprehensive VD control program in effect for many years. Venereal diseases have been reportable in New York City since 1912. A full-time Bureau for the control of venereal disease has been in operation in the Health Department since 1935. A thorough system of case reporting and contact interviewing and investigation with the aid of an experienced staff of public health nurses, medical epidemiologists and investigators—together with the cordial cooperation of practicing physicians in the city—over the years has performed effectively in finding, treating and keeping under treatment patients with venereal disease.

The number of cases found in any community is a combination of two factors: cases actually existing and the efficiency of case-finding procedures. It is obvious that an intensified campaign will uncover relatively more cases in an area where previous VD control activity has been slight. It is quite possible that more new cases of VD in the early stages will be found from now on as a result of the educational program. The publicity impact will remain in the minds of the public and will be recalled when there is suspicion of infection. The future will show more people seeking diagnosis as a result of the program—and will undoubtedly bring to light more cases in the earlier stage than we are finding at present.

CONCLUSION

Well, that's the story, in brief, of the November 1948 VD education campaign in the City of New York. But this is really only the beginning.

In this first phase of our program we have laid the groundwork in terms of public acceptance of the problem. Now we must turn to specific tasks, to the end that venereal diseases, in time, shall be eliminated as a major threat to public health.

Our emphasis will continue to be on the facts that clean living is the only true VD preventive; that casual sex behavior is not only a serious moral and religious problem, but a medical problem as well; that every infection and reinfection, even if now curable, takes its toll in ill health.

Our new activities will take these directions:

1. Organization of community groups, on a year-round basis, in those areas of the city where the VD rate is highest. The Health Department will be prepared to assist these groups by supplying literature and display material, lectures, up-to-date motion pictures, special exhibits and similar material. A good start in the organization of these community groups has been made in certain areas and it is planned to extend the work to other sections. Our Health Depart-

ment district health centers are specifically fitted to take leadership in this activity.

2. Encouraged by the response of physicians in making routine blood tests of all new patients, our laboratories will be prepared to meet the increasing demands for serologic tests. In addition, the Department will continue to furnish to physicians such auxiliary aids in diagnosis as the physician may find useful.

3. Assured of wholehearted support of our efforts by both employer groups and labor organizations, we plan a program which will benefit both employers and employees. Routine examinations and serologic tests for syphilis, and periodic re-examinations, if adopted widely, would prove one of the most effective screening processes available in our city. We plan a series of industry-wide conferences with both employer and employee representatives to the end that venereal disease control programs be undertaken.

4. In addition to ensuring cooperation by employers, we plan a program within the labor unions themselves, with the cooperation of existing medical and educational departments of these organizations. The support of union groups has been most encouraging. Some already have requested additional material. We believe we can be of greatest assistance by supplying exhibits, literature, lecturers, films, posters and other informational material.

5. The cordial cooperation and assistance of colleges and universities have been of a degree and quality that encourages us to expect their continued interest in the scientific, educational and social aspects of venereal disease control.

6. Welfare agencies are an important factor in the dissemination of VD information. We plan to conduct conferences with the heads of these agencies with a view to supplying assistance in any control program undertaken.

7. The development of new and effective methods of treatment for venereal diseases now makes it possible to shift much of the treatment of venereal diseases from hospitals to the offices of private physicians and to clinics.

8. Free diagnosis and treatment will continue to be available at all VD centers maintained by the city. A careful study will be made to determine the areas where need for such diagnosis and treatment is greatest and the hours when these stations can render the most effective service.

9. A long range program for the permanent display of posters on bulletin boards, particularly in places of employment, will be undertaken. The constant reiteration of the need for examination and treatment, it is believed, will prove a powerful weapon in the fight against venereal diseases.

These nine major activities represent only some of the directions in which our program will point. In addition, it is important to

emphasize that all the services previously offered will continue to be available.

In concluding, may we emphasize again what we said at the start—that the success of the campaign was made possible by the active cooperation of the people. This report is offered, therefore, not as a record of the activities of the New York City Department of Health, but as an account of an important civic enterprise undertaken by the citizens of this community—an historic battle in the fight to wipe out man's ancient enemy—VD.

Addenda

OUTLETS FOR EDUCATIONAL MATERIALS

For the interest of other communities undertaking similar programs, and to indicate the widespread and intensive distribution of leaflets, posters and other materials, the following incomplete list of 73 "outlets" is appended:

Airports	Garbage and laundry trucks	Pay envelopes
Armories	Garages	Police Athletic League
Auto show rooms	Groceries and supermarkets	Post offices
Ballrooms	High schools	Private physicians
Banks	Home deliveries by laundries	Public libraries
Barber shops	Home nursing classes	Public offices
Bars	Hospitals and clinics	Railroad and bus terminals
Billiard parlors	Hospital insurance enclosures	Railroad dispatch bulletin boards
Bowling alleys	Hospital and city clinics	Railway Express
Churches	Hotel rooms and lobbies	Real Estate Boards
Civic organizations	House to house by industrial insurance collectors	Relief stations
Civil Service	Housing developments	Restaurants
Clothing stores	Labor unions	Retail store delivery by ice cream trucks
Colleges	Medical societies	Sermons
College radio stations	Merchant marine schools	Settlement Houses
Colleges special classes	Military establishments	Shipyards
Courtrooms (by Judges)	Mission societies	Sports arenas
Department stores	Motion picture theatres	Steamships and docks
Door to door by citizen health committees	Nursery schools	Veterans groups
Door to door by utility collectors	Office deliveries by linen supply houses	Visiting Nurse Associations
Drug-store counters	Parent-teacher associations	Welfare Agencies
Employment agencies		YM and YWCAs
Enclosures in utility bills		YM and YWHAs
Factories		
Ferries		
Fraternal orders		

VD Syphilis
Gonorrhea-Syphilis
Exponerse a estas enfermedades contagiosas es peligroso... Dejar de curarlos es peor!
PARA ESTAR SEGURO VEA A SU DOCTOR VAYA A LA CLINICA
LLAME "SOCIAL HYGIENE" WOM 2-6900
UN MAL CONOCIDO ES UN MAL CASI VENCIDO

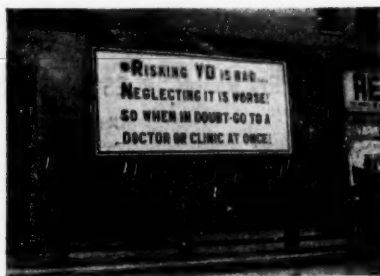
VD
Risking Is Bad... Neglecting it is Worse! So when in Doubt-Go to a Doctor or Clinic AT ONCE!
VD Social Hygiene WOM 2-6900

SIFILIDE GONORREA
Esposi alle malattie veneree e pericolose... Il non curarsi e ancora peggio. Per massima sicurezza fatevi visitare da un dottore o recatevi ad una clinica immediatamente
Trattare "Social Hygiene" WOM 2-6900
Riconoscere il male è gran parte della cura

GLIMPSES OF THE NEW YORK CAMPAIGN



Broadway theatre marquee



A 24-sheet poster at Brooklyn Bridge



Subway station poster



Health Commissioner Mustard posts New York's first subway VD card, as Dr. Rosenthal looks on.



City Sanitation Department truck



Penicillin distribution to physicians increased 400 per cent during campaign's first month



A Times Square electric sign



Officers of the Five County Medical Societies plan cooperation in campaign

TEN PRINCIPLES OF VD CONTACT INTERVIEWING

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Author's Note: For clarity and brevity in this article the interviewer is spoken of in the feminine gender and the patient in the masculine. It is of course understood that the same interviewing principles apply to both men and women patients, and recognized that in many states and communities male interviewers are employed with effect. In the Massachusetts Department of Health, interviewers are female nurses or social workers.

Contact interviewing is to contact investigation what the foundation of a building is to the entire edifice. Contact investigation begins with a contact interview. The results of a contact investigation then vary directly, other factors being equal, with the adequacy or inadequacy of the contact interview.

The objectives of a venereal disease contact interview are clear and concise. Briefly, we may summarize them as:

1. *The identification of all the patient's pertinent contacts.*

By pertinent contacts is meant all those individuals to whom the patient was exposed during the maximum incubation period of the disease, and those whom the patient exposed since the onset of symptoms up to the moment treatment could be expected to be effective.

2. *The reeducation of the patient.*

We should not only ascertain how much the patient knows about his venereal disease, but also what he doesn't know and should. What are his misconceptions? How correct them? Each patient should serve at the conclusion of the interview as a tagged atom in our health education molecule, radiating a healthy influence on those promiscuous individuals with whom he associates and the environment in which he lives.

For the purposes of this paper it is presumed that the interviewer is endowed by nature and training with that type of personality which encourages a free-flowing mental catharsis on the part of the patient. It is also presupposed that the interviewer has an office so situated and arranged as to permit conduct of an interview free from disturbing interruptions or intrusions. With these prerequisites fulfilled, let us proceed to ten principles for the conduct of a contact interview, remembering that although these principles are set down in numerical sequence, in actual practice the interviewer does not necessarily follow them in the order given but may skip about according to the trend of the interview.

If the interviewer notices that one subject causes a little resistance on the part of the patient, in order not to jeopardize the entire interview, a more acceptable topic may be selected returning at the opportune moment to the former theme.

THE TEN PRINCIPLES

I. Establish Rapport

Contact investigation actually begins from the moment the clinic physician tells the patient that he has a venereal disease. With this information the doctor usually offers the hope of an eventual cure provided the patient follows advice. The doctor says then that one of his trusted assistants (the interviewer) will tell the patient in detail about the disease and help in any way she can. With this consoling thought, the patient is led to the interviewer's office.

As the patient walks into her office, the interviewer should drop whatever she is doing, and greet him. This affords her a unique opportunity to size up the type of patient and to select the trend of her opening remarks. Under no circumstances should she be so busy at her desk that the patient hesitates in suspense at the threshold, not knowing whether to come in or not. Watch the patient as he comes in and let the introductory remarks be guided by an evaluation of the person and his mood. Is he scared, sullen, angry, resigned? Or is this "an old-timer" known to you in the past, who now comes in with a new infection? If so, this interview will be relatively short, particularly so if the patient was properly indoctrinated during a previous infection.

The patient may be physically present but mentally his thoughts are in a turmoil. Will there be an arrest, scandal, publicity? If the patient is an unmarried girl or boy, will the parents be told about it? Or if married, will the wife or husband find out about this escapade? Study the patient and let the approach be guided by observation. A stereotyped approach marks the rank amateur or the inefficient interviewer.

As the patient sits down, be sure he is comfortable. A cigarette at this point may relieve tension. As the patient lights-up are his fingers trembling? At this stage, the interviewer's objective is to relieve patient anxiety and fears, and to develop confidence in the clinic and interviewer. The patient should be told that whatever transpires at this interview will be kept confidential; that the record of his infection will be kept a secret; that he will not be arrested, and that there will be no scandal. Whatever fears are brought up by the patient should be answered honestly and in a straightforward manner. Throughout the interview, the nurse should maintain an objective and uncritical attitude. She must at all times remember that she is attending a patient in her professional capacity and not sitting in moral judgment. Her attitude must be sympathetic and helpful, yet not condoning, particularly if the disease was contracted through illicit sexual relationships.

2. Re-educate the Patient

Review the facts about VD. How is it commonly contracted—sexual intimacy? What other possible methods? What happens after the infecting organism enters the body? How is this manifest in the patient? What might have happened if the patient's disease had not been discovered at this time? Discuss the treatment to be given, the importance of reporting regularly for clinic appointments. Let the patient know the clinic days and hours, whom to contact if appointments cannot be kept. Determine if there is anything in the routine proposed which would interfere with the patient's personal appointments.

Encourage the patient to talk about his infection. Is there a good fundamental grasp of prevention, symptomatology, etcetera, or are facts mixed with fallacies and fancies? Correct misconceptions gently but authoritatively. Does the patient know there are other venereal diseases? What are the chances of being infected with some of them? If the present infection is gonorrhea, the possible coexistent of syphilis should be explained, thus making it imperative for the patient to return to the clinic for post-treatment observation. Throughout this phase of the interview, visual aids should be freely used to illustrate the various points under discussion.

Don't give the patient too many facts at one sitting. Remember there will be other interviews with this same patient. Let the appraisal of the patient's mental grasp and how much he already knows be the deciding factor on how much information to give. Have a brief printed synopsis of VD facts available for distribution, and give one to the patient to take home.

Does the patient now have an insight into his disease? Is there an appreciation of the fact that VD not only affects the patient but also others? Carefully evaluate these two points, particularly the latter. Remember that a foundation is being laid for eliciting contact data and whether or not we are successful in this depends much on this phase of the interview.

3. Solicit Cooperation

Now solicit the cooperation of the patient in helping the contact individuals in the same manner in which he himself is now being helped. Assure him that these contacts will be approached diplomatically and secretly, that the patient's name will never be mentioned. Reassure him also, that no criminal charges are preferred against these contacts, just as he himself is not arrested for having a venereal disease.

4. Establish the Type of Social Individual

By this time, the interviewer has had a chance to classify the patient by social type. Question the patient about his background, his formal schooling, family, work, religious background, etcetera. Find out

about his habits. Does he smoke, drink? If the latter, is he a moderate or heavy drinker? Does he drink alone or in company? Regularly or on occasions? Is promiscuity associated with alcoholic sprees? Is his home life happy? How often does he go out on a date with a girl, (not necessarily individuals with whom he has sexual relations)? Is it with a steady girl friend or a number of girls? Is he constantly going out with new girls? Where does he meet them? What do they usually do? Where do they go? How much money does he usually spend on them? How many different girls has he dated, for example, during the past year? If single, what are his plans for marriage? If married, why does he go out with other women?

5. Establish the Sex Pattern

How often does the patient seek for sexual intercourse? With the same girl or with a number of them? How often does he have a nocturnal emission? What does he do when he can't find a sex partner? Masturbation, homosexual practices? Where does he go to find new partners? How many different girls has he had sexual relations with during the past year?

6. Obtain Contact Information

Beginning with the last contact, ascertain who it was and get as complete a description¹ as possible, together with addresses and where the individual may be located.

7. Secure Multiple Contact Data

Continue and record the next-to-the-last contact, and so on down the list, so that you will have the names and addresses of all the contacts in the period included in the maximum incubation period and the duration of the disease.

For this latter information, certain standards have been adopted by the Department² to guide the interviewer in ascertaining pertinent contacts for which identifying data are required. These standards may be summarized as follows:

Gonorrhea

Patients with gonorrhea should be questioned for all contacts within *two weeks* prior to the onset of symptoms and subsequent thereto. If the patient has an indefinite history of onset or if he denies signs and symptoms of gonorrhea, question for all contacts within the past month.

Syphilis

Patients with *primary syphilis* should be questioned for all contacts within *three months* prior to the onset of symptoms and subsequent thereto. Patients with *secondary syphilis* should be questioned for contacts within *six months* prior to the appearance of the secondary

manifestations and subsequent thereto. Patients with *early latent syphilis* should be questioned for contacts within a *one year* period. And all marital and familial contacts should be checked as indicated. In patients with *late syphilis*, marital and familial contacts should be examined. With *congenital syphilis*, the parents and available siblings should be examined.

Chancroid

Patients with *chancroid* should be questioned for all contacts within *three weeks* of the date of onset and subsequent thereto.

Granuloma Inguinale

Patients with *granuloma inguinale* should be questioned for all contacts within *three months* of the date of onset and subsequent thereto. If the patient has an indefinite history of onset, question for all contacts within the past *six months*.

Lymphogranuloma Venereum

Patients with *lymphogranuloma venereum* should be questioned for all contacts within *three months* of the appearance of the adenitis and subsequent thereto.

8. Instill a Desire to Influence Promiscuous Friends

Very often a patient will know of a friend or acquaintance who was exposed to the same person either at the same time he was, or at other times. Or the friend may have been out on a double date with the same objective accomplished. Ask the patient to bring them to the clinic for an examination too. The patient may also have friends with the same promiscuous tastes. These too should be invited to the clinic for examination. Encourage the patient to act as a goodwill ambassador and round up potentially infected individuals.

9. Ensure Clinic Attendance

Determine if there is anything which would interfere with the patient taking and completing treatment. Let him know why he must observe faithful clinic attendance. Arrange clinic hours convenient for him. Determine if the clinic fees place an undue burden on him, and if so, reduce them to what he can pay or eliminate them entirely. If it is embarrassing or potentially so for the patient to attend this clinic regularly, transfer him to another clinic where this factor will not be a deterrent in clinic attendance.

10. Plan Re-interviews

The clinic administrative practices should be so organized that the patient will routinely stop at the interviewer's desk each time he

comes in, in order that he may receive additional health information and also to determine whether or not any difficulties or questions have arisen since the last visit.

In addition, these occasions should be utilized to fill in the gaps in the patient's contact history. Often, a patient who has given very vague or sketchy contact data in the first interview, during subsequent interviews will furnish additional details which he had at first forgotten or refused to mention. It is well to remember that not only is the patient evaluated by the interviewer, but that the clinic and interviewer are also being evaluated by the patient. With the establishment of patient confidence re-interviews will bear abundant fruit. It should be axiomatic that the interviewer not be content with a single interview or a single contact named, but that repeated interviews be the established policy. If the patient is on ambulatory treatment, each visit to the clinic serves as the occasion for a re-interview. If in-patient treatment has been ordered, visit the patient in the ward.

SUMMARY

The objectives of a contact interview are:

- (1) *The identification of all the pertinent contacts of the patient.*
- (2) *The re-education of the patient.*

To obtain these objectives, ten important steps in contact interviewing are briefly reviewed. Although these principles are presented in numerical sequence, it is not meant that they necessarily should be followed in the order given, but that they be covered in the fashion best suited to the occasion and the interviewer.

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WHAT THE MEDICAL SOCIAL WORKER LEARNS FROM THE PATIENT *

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I have been asked to talk with you today about what the medical social worker learns from the patient. In this meeting, our interest is in the prevention and control of venereal disease, so we will be discussing what we learn from patients with venereal disease. Because venereal disease is so often diagnosed and treated in special clinics or rapid treatment centers and because it creates problems which are of concern in public health, all of us may find ourselves thinking of the patients attending these clinics as a separate group of people, somehow different from ourselves. Perhaps we need, at the beginning, to remind ourselves what a famous doctor, Sir William Osler, has said: that "It is much more important to know what sort of patient has a disease than what sort of disease a patient has." **

Patients with venereal disease, like patients with heart disease or diabetes or tuberculosis, bring to their illness all their individual attitudes, problems, hopes and fears. They share with all patients the experience of learning that they have a disease for which they must take some treatment and which will, at least temporarily, make necessary some changes in their daily living. They have just undergone a physical examination which may have been painful, arduous and somewhat humiliating. In the course of this examination they have probably been asked by the doctor some questions about their sexual lives which are, of course, an important part of this history, but which may have seemed to them an unjustifiable invasion of their privacy. They have now to plan for treatment, either rapid or long time, which will in varying degree limit their freedom to work and to carry on their usual routines. By this time they are bewildered, tired after several hours of waiting, tests, and examinations, often frightened and uncertain. It is at this point in the usual plan of clinic organization that the patients are referred by the doctor to Social Service.

You may well ask the purpose of this. In our clinic it is the function of the social worker, as one of the medical team serving the patient, to talk with him about his contacts and to help arrange for their examination and to supplement the doctor's explanation of his illness, answering any further questions about the illness and the clinic routines. She also offers help with any social problem arising in connection with the illness and treatment which, if not handled at the beginning, may interfere with his ability to remain under medical care. Contact interviewing, case holding, patient education—what do

* An address given at the Ohio Welfare Conference, November 16, 1948.

** Davis, Michael M. *Clinics, Hospitals and Health Centers*, New York and London, Harper and Brothers, 1927, page 169.

we mean when we use these terms? Perhaps we can arrive at more understanding of them if I can tell you about two of the patients with whom I have worked. Let us begin with the story of Betty Gray.

Betty was a nineteen-year old unmarried girl who came to our clinic when she was five months pregnant, with a history of a primary lesion a month before. Her diagnosis of syphilis was established by serological test. Medically Betty's case was "interesting", because she had had inadequate penicillin treatment by a private doctor, which had masked her early symptoms. Socially, she was even more interesting, and in the months that followed, while she was receiving a combination of penicillin and long-time therapy to cure an infection which the doctors thought might be penicillin-resistant and to protect her baby, we learned to know Betty very well.

Betty was the oldest of five girls. Mrs. Gray had eloped with Mr. Gray against her parent's wishes, and she was only sixteen when Betty was born. There was a long history of marital friction, with separations and reconciliations. Mr. Gray had not supported his family and had wanted his freedom for a long time. When we knew the family, he was not in the home. It had been necessary for Mrs. Gray to work in order to support the family, and she had shared many of her worries with Betty. Betty herself had left school at sixteen and worked to help out. As you can imagine, there was very little money. Mrs. Gray and the five girls, at the time we knew them, were living in three crowded, dark rooms in a very poor neighborhood. Betty had no place to entertain her friends—no corner that she could call her own.

Although she was nineteen, Betty had never shown very much interest in boys her own age. She had seemed afraid and ill at ease with them, and after going out with a boy once or twice would stop seeing him. The only enduring interest had been Dick who was 25. He was in the Army when Betty met him; he was married, but his wife had been unfaithful to him and they were estranged. After his discharge from the service, Dick had gone back to his wife for a short time, but things did not work out and he soon came back to Betty, although he was still legally married. Just at this time Mrs. Gray had taken the younger children to her parents for a visit, leaving Betty and her sixteen-year old sister, Peg, alone for several weeks. It is perhaps not surprising that during this time Betty and Dick had intercourse.

Promiscuity, illegitimate pregnancy and venereal disease are associated in our minds, and rightly so. But before we label Betty promiscuous, let us consider what we mean when we use this term. Dr. Stokes has defined promiscuity as "Sexual intercourse conducted on a casual and ephemeral basis, without regard for responsibility, social and family relationships and enduring love".* Now Betty

* Stokes, John M., M.D. *The Modern Venereal Disease Problem and Its Sex Education Front* in THE JOURNAL OF VENEREAL DISEASE INFORMATION, Vol. 29, No. 10, Oct., 1948. p. 301.

had, of course, had sexual intercourse. We later learned that shortly before Dick came back to her, she had had intercourse with one other boy, and that could probably be called "on a casual and ephemeral basis". Betty was never able to talk very freely to me about this other boy. Certainly, she was confused about what she wanted in a relationship with any man, and that is not surprising, when she had no pattern of a stable and happy marriage to guide her, and little opportunity for a normal and carefree adolescence and wholesome contacts with boys. Remember that at sixteen she had left school and gone to work to help support the family; that even before this she had shared her mother's worries and concern about the younger children and about Mr. Gray's irresponsibility.

It was Betty's misfortune that the man she liked, even loved, was still married to another woman and that he had syphilis. In his defense, it should be explained that he was under treatment and believed that his condition was not infectious. The pregnancy was another problem, because Betty had reason to believe that she could not become pregnant. The premise was based on misinformation, and in my work with her I learned that Betty had many distorted and false ideas about sex and procreation. Her sex education had been very inadequate and had come too late, which is not surprising when we consider her mother's own conflicts in this area.

Knowledge that she had syphilis was very frightening to Betty. She was afraid that she had infected Peg, for the two girls had been sleeping together when Betty had an open lesion. She turned against Dick completely, not wanting to see him or to have anything to do with him because he had infected her. Dick was going ahead with his divorce and wanted to marry Betty as soon as he was free. Betty's attitude toward him, however, played right into Mrs. Gray's strong need to keep Betty at home with her, and she reinforced Betty's feeling that a man who would expose her to syphilis would never make a good husband. Betty also felt—and in this I think she showed her wisdom—that she did not want a forced marriage. She wanted to postpone her decision about Dick until after the baby came. It is significant, I think, that she told Dick all this in her mother's presence as if she were afraid of her own feelings for him.

Betty's feelings toward the baby were mixed. She was very fearful that it would be born with syphilis and of course her own guilt about infecting it was part of her fear. Throughout her pregnancy she insisted to me that she wanted to give the baby up because it might be infected and she could not bear this. She hoped she would never have to see her baby, because she could then more easily give it up. In this I think she was recognizing how much she really wanted to keep the baby. Again she was afraid of her own feelings. Mrs. Gray's influence could be seen here. The addition of Betty's baby to the family would present many problems, and Mrs. Gray felt she had all she could face as things were.

The course of an illegitimate pregnancy is never smooth, but certainly Betty had more than her share of difficulties. Not only did she terminate her relationship with Dick, when she was really not sure how she felt about him, and worry about the health of the baby, but also Mrs. Gray had a long, neurotic illness. The family was thus without any source of income, and I referred them to the public relief agency, with interpretation of both Betty's and Mrs. Gray's needs. During this time all the responsibility for nursing her mother and managing the household fell on Betty. As can be expected, the younger children developed many behavior problems, in response to all these strains, and neither Mrs. Gray nor Betty was able to help them very much. The contrast too between the fun Peg and the others were having at the end of the school year and her own plight brought home to Betty all the deprivations of her adolescence. She became very self-conscious about her appearance, and except for her trips to the clinic and to see me, she stayed in the house. There were crying spells. It was in these last weeks of her pregnancy that she was first able, in her talks with me, to express resentment and even anger toward her mother.

Betty's story ends happily. Her daughter was born, apparently perfectly healthy, and from the moment she first saw the baby, Betty no longer wanted to give her up. Mrs. Gray consented to let Betty bring her home. Dick came back. By this time he was legally divorced, and he and Betty began going out together. He still wanted to marry Betty. Mrs. Gray did her best to thwart these plans, but before long Dick and Betty were married. What kind of marriage theirs will be, whether they can give their children more stability and security than Betty's parents had given her, what the future holds for them—these are questions which none of us can answer. It is probably safe to say, even at this early date, that the doctors arrested Betty's syphilis but unfortunately, we know no cure for her early conflicts and frustrations. The medical prognosis is good; the social prognosis guarded.

Prevention, control and cure of early infectious syphilis are, of course, the chief concern of the public health departments. But the cases of syphilis which are not discovered and treated early, which are found only after damage has been done to the cardiovascular system, nervous system, eyes and brain, damage which can be checked but never repaired—these cases are of equal concern not only to the patients and their families, but also to the community because of the implications of chronic illness and dependency. Certainly, in the venereal disease clinic, the role of the social worker with these patients can be very important. I would like to illustrate by telling you about Mr. and Mrs. Davis.

Mr. Davis was not as fortunate as Betty Gray, because his syphilis was not discovered until he had had it for nearly twenty years. He was 54 when he first came to our clinic with late syphilis and paresis. His early symptoms had vanished without treatment and he had had no idea that anything was wrong. When he was forty-two, he married

a woman ten years younger than himself. At that time premarital blood tests were not required where they were married, so Mr. Davis' condition was not known to either of them.

Mr. Davis was intelligent and ambitious. He had worked up from a very modest position to one of great responsibility with one of the large corporations in his community. Financial security meant a great deal to him and to Mrs. Davis, who had been a secretary before they were married. She had given up her job and devoted herself to keeping house. Eventually they wanted to own a home when Mr. Davis retired, but his work made it necessary for him to move every few years, so this was part of their plan for the future. Theirs was a stable and happy marriage, except for their disappointment that they had no children.

About two years before I knew Mr. Davis, he and his wife noticed that he was increasingly nervous and forgetful. Finally, he sought medical care and Mrs. Davis had understood that he was receiving shots for a nervous condition. She noticed, too, that he was uneasy and depressed. They moved to another city at that time and Mr. Davis, before he was really settled in his work there, went into a hospital for penicillin and fever therapy. Mrs. Davis was disturbed because he had to suffer and because his condition did not improve. Finally his doctor told her that he had syphilis.

As you can imagine, this came as a terrific shock to Mrs. Davis. Her fears that she might have syphilis were soon relieved, because Mr. Davis had not infected her. One of his first concerns had been for her and she had had a blood test as soon as his condition was discovered, but had not been told why. She had always felt that syphilis was a disgraceful disease. She was angry at Mr. Davis and the whole structure of their marriage was threatened. There was nobody to whom she could turn for help. As she told me later, all her feelings were bottled up inside until sometimes she felt she could stand the strain no longer.

Meanwhile, Mr. Davis' condition had merely been arrested by his treatment. He was forgetful. His judgment was poor. His company, having given him extended leave of absence, finally let him go. To all Mrs. Davis' feelings about syphilis were added new worries: no job, no income, the depletion of their savings to meet medical expenses. All their security, all their plans for the future had vanished.

It was at this point that Mr. Davis, accompanied by his wife, came to our clinic where he had been referred by his private doctor for future medical care. In the organization of our clinic the cases of all new patients, whatever the state of their syphilis, are reviewed by the social worker. Here was a patient who was no longer infectious, who had adequate treatment elsewhere. Furthermore, it seemed obvious from the record that he would probably return and follow the doctor's instructions. You may wonder, then, what social service could offer him and his wife.

Actually, most of my work in this case was with Mrs. Davis. Except for the private doctor, who had been so upset that he stood looking out the window of his office and could not face Mrs. Davis as he told her about her husband's syphilis, she had had no one with whom she could discuss his illness and what it meant to her. She had just moved back to the community where her family and friends lived, but was finding it hard to meet their questions about Mr. Davis' illness. She was attempting to adjust to a very modest standard of living and facing the fact that she would have to earn the livelihood for both of them. She had lost the financial security and the hope of a comfortable and pleasant future which had meant so much to her; more than that, she had lost the companionship of Mr. Davis who, as part of his illness, was harmless and relatively happy but who was very different from the man she had married. Knowing that he had paresis, she was worried by possible future developments of his illness.

To Mrs. Davis, I was a neutral person outside the circle of family and friends whose discovery of Mr. Davis' syphilis she feared. With me she could talk about the disease and its consequences as she would any chronic illness; gradually she worried less about the disgrace and released many of the feelings which had been so long dammed up. I was able to help her obtain needed medical care for herself, and she came back to discuss her struggles to find employment at the age of forty-two after twelve years away from work. With me she shared the triumph of obtaining a job and being able to hold her own in a competitive and rather difficult situation. The last time I saw her she had had a raise, Mr. Davis was working too, they had their own apartment, and she had found courage to renew some church and social contacts.

It is probably fair to say that Mr. and Mrs. Davis have made as good an adjustment as possible to a difficult situation. But part of the tragedy is the lack of knowledge which would have helped Mr. Davis to have discovered his syphilis twenty-two years ago, and to have sought treatment in time to prevent the complications which have changed the courses of two lives.

What, then, have we learned from Betty and the Davises? Perhaps we need to remind ourselves again of the futility of generalizations about patients with venereal disease—or, for that matter—with any diagnosis. Before we can be of help to any patient, clearly we need to know the meaning of his illness to him and to his family. Without this knowledge, it is questionable whether we can help him very much, however adequate our plans and resources for prevention and control of his disease. And obviously, in order to understand the meaning of the illness, we must have time and an opportunity to know the patient.

NATIONAL EVENTS

ELEANOR SHENEHON

*Director, Washington Liaison Office
American Social Hygiene Association*

Federal Security Agency Receives 16 Million Dollars for VD Control.—On June 29th President Truman signed the Federal Security Appropriation Bill, as passed by the U. S. Congress, including a provision of \$175,174,000, for the general program of the U. S. Public Health Service during the year 1949-50, plus contract authorization for the expenditure of up to \$103,325,000 for special projects. The appropriation for the work of the Division of Venereal Disease, which is included in the first-named figure above, totals \$16,000,000 for the current fiscal year, beginning July 1, 1949.

Department of Defense Established.—On August 10 President Truman signed the National Security Bill, under which the National Military Establishment becomes the Department of Defense, and the unification of the Armed Forces will move a long step forward. At the same time the new offices of Deputy Secretary of Defense and three Assistant Secretaries of Defense were created. The passage of this bill was followed by the appointment by Secretary of Defense Johnson of a National Defense Management Committee, under the chairmanship of General Joseph T. McNarney, to expedite the work of unification.

Chaplain O'Neill Honored by Pope.—Brigadier General James H. O'Neill, Deputy Chief of Army Chaplains, has been elevated by Pope Pius XII to the rank of domestic prelate, with the title of Right Reverend Monsignor. Chaplain O'Neill has been in the military service for twenty-four years. During World War II he was Third Army Chaplain, serving on the staff of the late General George S. Patton, Jr. Before coming to Washington as Deputy Chief of Army Chaplains, he was Chaplain of the First Army, with headquarters at Governor's Island in New York.

Navy Venereal Disease Control Section Changes Skippers.—Commander L. E. Hedgecock, MC, USN, has reported as Officer in Charge of the Venereal Disease Control Section, Bureau of Medicine and Surgery, Navy Department, Washington, D. C. He takes the place of Commander W. S. Dougherty, who during the past year has combined the duties of officer in charge of Venereal Disease Control with his responsibilities as head of the Communicable Disease Section. Dr. Dougherty continues the latter activities at Washington headquarters of the Navy Bureau of Medicine and Surgery.

Commander Hedgecock has just completed a one-year course in venereal disease control at Johns Hopkins, where he received his degree as Master of Public Health. He comes well prepared to the Venereal Disease Control Section, having worked in this field for several years past. At present he is supervising an oral penicillin prophylaxis project in the European area.

American Public Health Association to Hold Annual Meeting October 24-28.—The 77th Annual Meeting of the APHA will be held in New York City, October 24-28, with joint headquarters at the Hotel Statler and Hotel New Yorker.

A preliminary outline of the Scientific Sessions¹ indicates that the Governing Council will meet on Monday, October 24, as will the related organizations. General Sessions will be held on Tuesday and Thursday evenings, the first to include the presentation of the Lasker Awards; the second, to include the Presidential Address by Dr. Charles F. Wilinsky, the announcement of new officers, and the presentation of the Sedgwick Memorial Medal Award and the Forty Year Membership Certificates.

Among program items of special interest to social hygiene workers are several papers scheduled for reading in the Section programs: *The False-Positive Reaction in Serology of Syphilis*; *The Presence of an Anti-Acetone Soluble Substance in Human Serum*, by Daniel Widelock, Mary F. Gonsiorek, and Lillian Marsden; *Delaware Human Relations Class Program*, by H. Edmund Bullis; and *Seventh Grade Class Demonstration, Joan of Arc Junior High School, New York City*. There will also be a Statistics Section discussion on *Marriage and Divorce Statistics*.

As usual, the program sessions will be supplemented by a comprehensive exhibit including technical and scientific subjects. The motion picture theatre will, in addition to showing new health films, demonstrate television techniques. The National Publicity Council will feature its usual wide array of publications, including special collections of materials from national agencies. In the Scientific Exhibit the International Union against Venereal Disease and the ASHA will maintain a double booth where the staff will welcome visitors, and as mentioned on page 349 in this issue of the JOURNAL, the Union's Regional Office of the Americas will hold on Sunday, October 23rd at four o'clock a session at the Hotel New Weston, when the U. S. delegation to the Union's General Assembly in Rome will report.

National Conference of Social Work Examines Goals and Rôles.—

What is social work's part in the common effort of all peoples to resolve social conflicts that stand in the way of a better life? What are our goals and what does social work have to offer toward their attainment? These were fundamental questions posed by speakers at the general sessions of the 76th National Conference of Social Work held at Cleveland, Ohio, during the week of June 12. Over forty-eight hundred workers, administrators, educators, students, public relations officers and board and committee members were registered. Almost six hundred people were involved as speakers, discussants and presiding officers in a program of over 180 sessions. Fifty-one affiliated agencies held special programs.

¹ See September *American Journal of Public Health* for copy of preliminary program of the scientific sessions. Further information may be obtained from Dr. Reginald M. Atwater, Executive Secretary, APHA, 1790 Broadway, New York 19, N. Y.

Among programs of special interest to social hygiene workers were the discussions of family life education, of health and medical care for the family, of interpretation of social themes to the public, and the role of the volunteer worker. A speaker who attracted an audience of 2,500 was Professor Fritz Redl of Wayne University, who discussed adult anxieties growing out of the "Kinsey Report." His conclusions were that it is the adults' attitude rather than the young people's direct reaction to the report that is dangerous. Children who are basically sound, he maintained, will "remain on the beam," for "the control of emotions is not established by statistics." He recommended a ten-point program to help with sex problems of children and young people:

1. More research on when and how to interfere and limit.
2. More realistic standards and the courage to be clear about them.
3. Diagnosis of the meaning of the individual's sexual behavior.
4. Starting sex education when sex starts.
5. First aid pick-up—problems must be met when they happen.
6. Healthy life diets wherever people live.
7. Specifically designed treatment centers for disturbed children.
8. Communities suitable for family life and group life.
9. Efforts to coax the press away from indirect attitudes toward human behavior.
10. Surrender our notions in relation to money—that we can't afford important preventive or curative services.

Ralph H. Blanchard, retiring President, turned over the gavel to Dr. Martha M. Eliot, 1950 Conference President, at the close of the sessions. In Dr. Eliot's necessary absences abroad during the year on her assignment as Deputy Director General of the World Health Organization, Lester B. Granger, Vice President, and executive director of the National Urban League, will serve as acting President. This year's Conference was the first to be directed by Joe R. Hoffer, who recently succeeded the late Howard W. Knight as executive secretary. Atlantic City is the place, and April 23-29 the dates for the 1950 Conference.

For excellent detailed accounts of Conference discussions see *The Survey*, July, 1949, Conference Section; and a special report by Marion Robinson issued by the National Social Welfare Assembly, 1790 Broadway, New York 19.

Edna M. Geissler Becomes ASHA Division Director.—Miss Edna M. Geissler, ASHA Field Representative since 1945, has been appointed to the headquarters staff at 1790 Broadway, New York, and will serve as Director of the Division of Membership and Finance.



MISS GEISSLER

She succeeds Mr. J. Patrick Rooney, who carried this assignment for the past three and a half years, and who recently resigned.

Miss Geissler's training and experience, covering local, state, national and international fields, fit her well for her present responsibilities. Following graduation from the University of Buffalo, with A.B. and M.A. degrees and a Certificate in Social Work, she was for four years case worker and supervisor with the Buffalo Department of Social Welfare.

She has taught sociology and government at Bennett Junior College, Millbrook, New York, was for a time Field Secretary for the Connecticut Society for Crippled Children, and served for five years as Executive Secretary of the Queensboro Council of Social Welfare, meanwhile being Acting Secretary of the Child Care Section, New York Welfare Council.

Just before joining ASHA four years ago she was overseas as UNRRA Field Welfare Officer and Director of Personnel. She holds a Certificate for Study at the Geneva School of International Studies, Switzerland, and before World War II made an international survey of Child Labor Laws for the League of Nations.

In her term of service with ASHA, Miss Geissler has made a host of friends for social hygiene across the country among cooperating agencies and individuals, who will join in approving the recognition of her abilities as expressed in her new directorship, and who will welcome the prospect of continuing to work with her in the future.

Howard M. Slutes Appointed ASHA Field Representative.—Dr.



Walter Clarke, ASHA Executive Director, announces that Howard M. Slutes has been appointed to assist ASHA Field Representatives engaged in the National Defense program in the Southern and Western areas. Mr. Slutes, a graduate of Ohio Wesleyan University, with special work at Boston University and Western Reserve, has had fifteen years experience in community service programs. During the war he was a Regional Representative for the Federal Social Protection Division.

The JOURNAL records with deep regret the loss in recent months of two more valued friends:

W. Ford Higby of San Francisco died suddenly on June 24 while in Los Angeles arranging for a meeting of the Board of Directors of the California Tuberculosis and Health Association of which he had long been secretary. He served ably in behalf of social hygiene on the West Coast, for some years being Director of the ASHA Western States Division.

Delo Emerson Mook, of Cleveland, passed away on July 4, after some years of failing health. An attorney, he served during World War I as an Army Major in the Law Enforcement Division, Commission Training Camp Activities, and for many years was a leader in the Boy Scout movement and other civic projects.

NEWS FROM THE STATES AND COMMUNITIES

ESTHER EMERSON SWEENEY

*Director, Division of Community Service
American Social Hygiene Association*

New England Council on Family Relations Meets in Boston.—April 22d and 23d, 1949, marked the annual meeting at Simmons College in Boston of the New England Council on Family Relations. *Marriage and Family Life Education* was the theme of the two-day discussion. Among the participants were: Dr. Neal B. DeNood of Smith College, Charles W. Coulter of the University of New Hampshire, Malcolm S. Nichols of the Family Welfare Society of Boston, and Mrs. Gladys Jones of the Garland School of Homemaking of Boston. It will be of particular interest to our readers to learn that Lester W. Dearborn, of the Massachusetts Social Hygiene Society, was reelected Council President and that Mrs. James W. Sever, of Cambridge, for many years closely associated with the American Social Hygiene Association and Director of Rhode Island's outstanding experiment in Family Life Education, *Youth and Family, Inc.*, was reelected Vice President.

Idaho: Boise Initiates Counseling Service.—The Idaho Committee on Family Relations has announced its recent development of a consultant service for married couples, functioning in Boise through that city's Family Life Council. Miss Julia M. Harrison is chairman of the Family Life Council, which has its headquarters at 110 South 8th Street, Boise, Idaho.

Illinois: Association for Family Living Reports for Year.—*The News Letter* of the Chicago Association for Family Living tells a stimulating story of the program year, May 1, 1948–April 30, 1949. The staff met in 970 sessions in 56 churches; 49 schools, colleges or universities; 82 PTA or Mothers' Clubs; 98 Clubs or Settlements and 78 other Community Agencies in and around Chicago. Participating in these meetings were 22,792 parents, 9,090 young people and 3,433 professional workers. At the Association's Headquarters, 28 East Jackson Boulevard, courses, seminars and institutes have attracted parents, engaged couples and community leaders. The counseling service, for which three qualified counselors are employed, gave consultations to 933 clients during the program year.

In addition to the report of services contained in the *News Letter* a glimpse into the future is provided in the thoughtful and scholarly paper *Family Life Education—Future Tense?* by Freda A. Kehm, Ph.D., Director. The future tense is herein predicated on the past tense—on the studies that have contributed to current knowledge and which provide authority and direction for continuing enterprise in this field.

Notable in the Annual Report is its emphasis on quality of service. While justifiably proud of quantitative performance, Mrs. Richard Mayer, Association President, states with obvious conviction, "I know that facts and figures can be meaningless. I can tell you that 36,248 individuals were served by this Association but if they were not served well, if they, as individuals, did not grow in understanding and insight, then the figures would have little value."

Illinois: Quad-City Civic Leaders Plan Prostitution Fight.—On June 9, 1949, Mayor Leroy Larsh of Granite City, Illinois, Roy Rauschkolb, Secretary of the Granite City Chamber of Commerce, and a number of outstanding representatives of the Quad City area met in Granite City to discuss plans for organizing a Citizens Committee to support enforcement of local and state laws against prostitution. Dr. Norman Rose, of Highland, District Health Officer, Thomas Richey, ASHA Field Representative, and representatives of the Army Engineer Depot discussed venereal disease problems and prostitution problems in the area, with particular emphasis on their relationship to the National Defense program. The Committee which is in process of formation will work in cooperation with the Joint Armed Forces Disciplinary Control Board of the St. Louis area, both in relation to environmental conditions and in relation to assisting in the Character Guidance program among servicemen.

Indiana: Summer Conference of Family Relations Council at Bloomington.—Dr. Walter Stokes, psychiatrist, of Washington, D. C., and Dr. Russell Smart, of Cornell University, were scheduled speakers at the summer conference of the Indiana Council on Family Relations held at Bloomington on June 24th and 25th, 1949. Mrs. Rebecca Nelson, in charge of general arrangements, was assisted by several outstanding workers in the family life education field, including Mrs. Dorothy Buschmann, Executive Secretary of the Indiana Social Hygiene Association.

Massachusetts: Harvard University Appoints Dr. Hinton to Full Professorship.—On June 29, 1949, Dr. William A. Hinton was named Clinical Professor of Bacteriology and Immunology of the Harvard Medical School. Dr. Hinton, who has been a member of the Medical School Faculty for more than 25 years, is the first Negro to hold a professorship in Harvard University.

The Davies-Hinton test for syphilis is only one of Dr. Hinton's contributions to the detection and treatment of venereal disease. Since 1915 he has been Director of the Laboratory Department of the Boston Dispensary and chief of the Wassermann Laboratory, Massachusetts Department of Public Health. Since 1936 Dr. Hinton has served as chief of the laboratories of the Boston Floating Hospital and he has been for many years a special consultant to the United States Public Health Service. He is active in the program

of the Massachusetts Society for Social Hygiene. In 1948 an honorary life membership in the American Social Hygiene Association was awarded Dr. Hinton in recognition of his distinguished service in the social hygiene field.

Ohio: Parent-Teacher Congress and Dayton-Montgomery County Social Hygiene Association Provide Parent Education.—Parents of elementary school children in Ohio have been taking study courses in parent education for the last two years. Coming largely from industrial areas, a total of 4,000 parents have been taking part in discussion groups centered around the home theme—emphasis being placed always on home attitudes concerning spiritual, physical, emotional and social activities. The four sessions, each of two hours' duration, use as a text, *Home Study Course in Social Hygiene Guidance*, by Roy E. Dickerson, Executive Secretary of the Cincinnati Social Hygiene Society, and supplement this with films and books for outside reading.

In their expressed evaluation of the course, the parents listed the following in order of importance:

1. A source of general information on social hygiene, including medical terms for parts of the body, fundamentals of human reproduction, and VD facts.
2. A means of reaching a better understanding on adolescent problems.
3. A workable method of answering children's questions.
4. A source of satisfaction in learning that other parents' problems are much the same as their own.

Oklahoma: Parents and Young People Lose a Good Friend.—Mrs. Eileen Harrison Wilson, former Director of the Social Hygiene Service of the Oklahoma County Health Association, and former Executive Secretary of the Oklahoma Social Hygiene Association, died on July 3, 1949. Mrs. Wilson's work in the field of family life education in Oklahoma and her participation in similar programs in adjacent states will be sadly missed by parents and young people, as well as the community leaders of the southwestern area. Your reporter cherishes vivid memories of visiting Mrs. Wilson in the hospital in Oklahoma City two years ago when she had first become a victim of coronary thrombosis. Despite all efforts of physicians and family to insure complete rest, she carried on program plans from her bed and continued an active interest in a number of the city's high school children whose problems she was helping to share.

A wonderful demonstration of the effectiveness of Mrs. Wilson's work with the young people in Oklahoma City was evidenced during this visit to that community. A panel of young people from four of the high schools of the city discussed at a luncheon meeting with the community's outstanding leaders, the problems they faced in the process of growing up. What impressed us most was the maturity

of discernment and poised judgment of these students. While expressing the feeling that they needed much help from parents, teachers, clergymen and the adult community generally, they showed at the same time a most thoughtful understanding of factors in the lives of their elders which might have contributed to any deficits in guidance of which they were aware. This seemed to us a remarkable tribute to the work which Mrs. Wilson had been doing with these youngsters.

A recent communication from Mrs. Wilson's daughter bringing the sad news of her death brought us at the same time one heartening note. Several books on which Mrs. Wilson had been working during the past two years are being brought to the point of publication. The sensitivity which characterized her work with young people can be expected to be reflected in these eagerly awaited volumes.

South Carolina: Charleston Social Hygiene Group Fights Prostitution through New Local Publication.—The news-picture magazine about Charleston, *Scene*, which reached the newsstands for the first time in July, 1949, featured an exposé of Charleston prostitution conditions, simultaneously with the start of vigorous work of the Charleston Welfare Council's Social Hygiene Committee. Proof of the fact that *Scene* was not simply seeking a lurid first-issue opener but is a new crusader in the fight against venereal disease and prostitution in one of the south's most beautiful cities, came in the August issue of this magazine which carried two news items and an editorial about these problems. In the editorial: "No possible excuse can be offered for the unhampered operation of West Street, in the heart of a near-Battery residential district. One has been offered, a time-worn one: That 'legalized' prostitution is better than the back alley variety. Perhaps this is true, in one sense. Venereal disease would certainly be higher in the latter instance. But simply because commercialized sex will always exist, regardless of all efforts to stamp it out, does not condone organized prostitution. Many young girls will never get into the 'game' if they have to tramp the streets. But give them the modern parlors of West Street and white slavery becomes glamorous. The grand jury should—and must—ferret out those responsible for permitting the existence of West Street. Decency demands it."

ASHA's Field Representative, Lamar Boland, is cooperating with the Charleston Committee in what is hoped will result in a wholesome house-cleaning by the grand jury.

NEW EDUCATIONAL METHODS AND MATERIALS

HARRIETT A. SCANTLAND

*Assistant Director, Public Information and Publications Service
American Social Hygiene Association*

Full use of unique community resources is a custom all too often more honored in the breach than in the observance. To build circulation and study of its varied exhibits, the **Cleveland Health Museum** this summer emphasized in a letter to its members the broad and specific Museum aids they may find helpful. Available for showings before private groups are 16 mm. sound films, many in color, including *More Life in Living*, *Passport to Health*, *Human Reproduction*, *What Makes Us Grow* and dozens of others. The Museum mails a list of films to its members upon request.

Dr. Bruno Gebhard, director, says that Clevelanders use the Museum in some surprising ways. Lawyers, for example, have sometimes borrowed anatomical charts in an effort to prove or accentuate a point in court. Workshop facilities are at the disposal of the members, and staff artists and technicians prepare models, exhibits, posters and other visual aids to serve a particular purpose. The institution, first health museum in America, houses an extensive file of health education materials, with books, charts, graphs and special articles carefully catalogued.

Social Hygiene and Radio

Prompted by enthusiastic endorsements of medical authorities, educators, religious leaders and social workers invited to audition the programs in advance, the **Chicago Industrial Health Association** recently broadcast two candid tape-recorded discussions of sex education. The program, titled *Not the Birds and the Bees—But People*, and *A Tragic Story*, constitute an impressive part of the Chicago group's prize-winning radio series, "It's Your Life," which last spring received a bronze medal "for contribution to radio as a social force," in the 1948 Annual Advertising Awards.

In the first of the two sex education broadcasts a group of children, guided by a prominent physician and an outstanding teacher, spoke frankly about their problems, described physical changes and explained their views on sex. The second interview opened with a young mother's frank self-revelations of the tragic result of her misguided sex attitudes. The script concluded, for contrast, with the views of a high school senior with sound sex education at home and school who developed a rational, wholesome attitude toward herself and her dates.

In response to public demand, "It's Your Life," developed from a 15-minute morning program to a half-hour broadcast on Sundays, 3:30-4:00 p.m., CST, over Chicago's Station WMAQ. Ben Park directs the series, for which Johnson and Johnson, Inc., pharmaceutical manufacturers, was the original sponsor.

New York City's Municipal Station WNYC began broadcasting the "It's Your Life" recordings on September 4. The time is Sunday evening, 9 p.m., EST.

Percy Shostac, former ASHA industrial consultant, directs the Chicago agency.

The supply of meritorious radio programs with social hygiene implications grows notably as more and more health and welfare agencies take to the air with case stories of troubled people. Last month Frank J. Hertel, General Director of the **Family Service Association of America**, announced that its "Family Close-Up" series would begin September 11 on ABC network stations in more than 100 cities. "Family Close-Up" dramatizes true reports of the tensions in American homes and represents another landmark in the cooperation between radio and social work. Jewish Family Service of New York tried out the series over ABC's New York Station WJZ last winter, with such success that network presentation resulted. To emphasize the universality of human problems, one of the scripts opens with the announcer's statement that "the problems *you* face are the same as those being faced by millions of people all about you."

"Family Close-Up" is broadcast 5:00-5:30 p.m. EST (WJZ in New York), 4:00-4:30 p.m. CDT, 6:30-7:00 p.m. MST and 5:30 to 6:00 p.m. PST. If you like this dramatic series, send a note of commendation to the American Broadcasting Company, 30 Rockefeller Plaza, New York.

As a part of the **United States Public Health Service's** national VD case-finding campaign, Columbia University's Communications Center has developed a set of radio recordings, scripts and promotional materials for local health departments. The programs, built about human characters in everyday surroundings, range in type from soap opera to whodunit, from documentary to religious, and include such short novelties as items for use by disk jockeys. In order to reach a wide audience, eight 15-minute transcribed dramas star such diverse personalities as Roger Pryor, Margo, Eddie Albert, Robert St. John, Raymond Massey, Tom Glazer, Alice Frost and Roy Acuff. Varying in appeal, they dramatize the necessity for premarital and prenatal blood tests and the consequences of unsuspected infection. Six 15-minute transcribed documentaries highlight interviews between George Hicks, radio reporter, and hospitalized VD patients. The radio kit also includes four scripts for local production by local or state health officers or by college students of radio. Erik Barnouw supervised production of the programs and Frank Papp was director. Dr. E. Gurney Clark, professor of epidemiology in Columbia's School of Public Health, served as technical consultant. The list of script writers includes some of commercial radio's biggest names.

To stimulate VD case-finding among women, the **District of Columbia's** Health Department broadcast last spring a 13-week radio series of particular interest to women listeners. Called "The Lonesome Road," the programs featured recorded interviews with hospital patients. Subjects included congenital syphilis, paresis and VD

symptoms, and the discussions brought many listeners to clinics for treatment, the Bureau of Venereal Disease found. Gunnar Back, CBS news commentator, wrote the scripts, which had such titles as *Do You Believe in Signs?*; *Birthright*; *Ping Pong*; *Take the High Road*, and *Road's End*. Stations WWDC, Washington; WARL, Arlington, Virginia; and WGAY, Silver Spring, Maryland, broadcast the series, which the Health Department planned to mimeograph for distribution, if requests warrant. Write for copies to Truman J. Keesey, Program Development Specialist, VD Campaign, Health Department, Washington, D. C.

New Films

In the growing catalog of VD prevention films is *Feeling All Right*, a 16 mm. 22-minute documentary-drama with a Negro cast. The Southern Educational Film Production Service, Georgia University, Athens, Georgia, produced it for the Mississippi State Board of Health in VD prevention and case-finding among Delta Negroes. The *Saturday Review's Film Forum* called the picture "one of the most delightful Negro films ever made" and other reviewers noted its "warm humanity," and "simple appeal." Notable also is the frank treatment of syphilis in family life. Columbia University's Communications Center, New York, distributes the film; address your requests to Erik Barnouw, director.

The 16 mm. Educational Division of RKO Radio Pictures, Inc., is promoting distribution to community groups of a 17-minute, black and white, sound film called *Who's Delinquent?* The Federation of Protestant Welfare Agencies, The Bulletin of the National Recreation Association, National Conference on Prevention and Control of Juvenile Delinquency, and *Focus*, magazine of the National Probation and Parole Association, are among the institutions and agencies which have reviewed and endorsed the film, one of the *This Is America* series. Civic groups wishing additional information may write to Arthur M. Good at RKO, 1270 Avenue of the Americas, New York 20.

Coming!

NATIONAL SOCIAL HYGIENE DAY

Wednesday, February 1, 1950

The theme: Education for family life

The slogan

Social Hygiene is a Family Affair

Join in this celebration of social hygiene's deepest meaning!

Watch the JOURNAL and the SOCIAL HYGIENE NEWS
for further information.

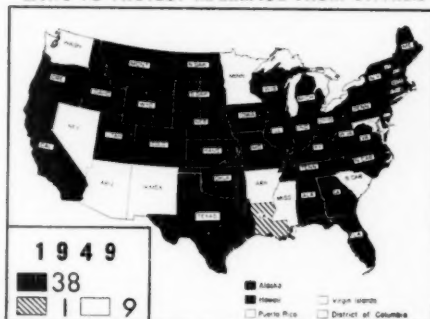
NOTES ON LAWS AND THEIR ADMINISTRATION

PAUL M. KINSIE

*Director, Division of Legal and Social Protection,
American Social Hygiene Association*

Texas Enacts Premarital and Prenatal Examination Laws.—Since the June JOURNAL reported on 1949 legislation to protect marriage and babies from syphilis, word has been received that the State of Texas enacted both types of law in its 1949 Session. The tally thus stands as shown in the new maps on this page.

LAWS TO PROTECT MARRIAGE FROM SYPHILIS



Premarital examination laws were enacted in 1949 in Georgia, Texas and the Territory of Alaska. Only nine states, the District of Columbia and two of the Islands and Territories now lack such laws. (In one state the law applies only to male applicant for marriage license.)

LAWS TO PROTECT BABIES FROM SYPHILIS



The States of North Dakota, New Mexico, and Texas, and the Territory of Alaska passed prenatal examination laws in 1949, so that now only seven states, the District of Columbia and the Island of Puerto Rico are without these laws.

For further information on these laws and their requirements, see *State Laws to Protect Family Health, a summary of state legislative requirements for premarital and prenatal examinations for syphilis, with notes on the working of the laws, maps, charts, penalties for violation, et cetera.* Pub. No. A-738. 30 cents a copy. \$3.00 a dozen.

Michigan Adopts Law Providing for Social Hygiene Education.—

In its 65th Legislative Session early in 1949, the State of Michigan became the second state government* to make legal provision for sex education in the public schools. This was achieved by the passage of Enrolled House Bill No. 446 as Public Act No. 226 of 1949, amending Section 7563, Compiled Laws of 1929 (now known as Section 370.2 of Compiled Laws of 1948) to provide for the teaching of health and physical education and "sex hygiene" under certain qualifying conditions and safeguards. The amendment reads as follows:

Sec. 2. It shall be the duty of boards of education in all school districts having a population of more than 3,000 to engage competent instructors of physical education and to provide the necessary place and equipment for instruction and training in health and physical education; and other school boards may make such provision: Provided, That nothing in this chapter shall be construed or operate to authorize compulsory physical examination or compulsory medical treatment of school children. The Board of Education of any school district may provide for the teaching of health and physical education and kindred subjects in the public schools of the said districts by qualified instructors in the field of physical education: Provided, That any program of instruction in sex hygiene be supervised by a registered physician, a registered nurse, or a person holding a teacher's certificate, qualifying such person as supervisor in this field: Provided, however, That it is not the intention or purpose of this act to give the right of instruction in birth control, and it is hereby expressly prohibited to any person to offer or give any instruction in said subject of birth control or offer any advice or information with respect to said subject: Provided further, That any child upon the written request of parent or guardian, shall be excused from attending classes in which the subject of sex hygiene is under discussion and no penalties as to credits or graduation shall result therefrom.

While the Act does not provide for integrated family education as recommended for school programs by the American Social Hygiene Association, it is an outstandingly important piece of legislation, and a milestone on the road to better social hygiene education.

* Oregon was the first state to adopt such legislation, through an act passed in 1945, Chapter 316, Sections 1, 2, 3, 4, 5, and 6.

DO YOU KNOW . . . ? . . . When Congress passed the "May Act" to prohibit prostitution in the vicinity of military establishments? . . . How the Act may be invoked? . . . What other Federal laws protect the public from prostitution? . . . How many states have adequate laws to safeguard their homes and families from this racket? . . . How these laws work? . . . What laws exist on the sale of alcoholic beverages in relation to prostitution activities? . . . What Federal laws exist concerning prevention and control of the venereal diseases? . . . How do the States provide by law for VD treatment? . . . Quarantine of infected persons? . . . What are the penalties for infecting or exposing another person? . . . For selling VD remedies without doctor's prescription?

THE ANSWERS . . . to all these and many other important questions are found in the ASHA Handbooks by BASCOM JOHNSON and GEORGE GOULD.

Digest of Laws Dealing with Prostitution. Revised to 1947. 600 pp. in loose-leaf binder. \$6.00 postpaid. 1946 Supplement separately, \$2.00 postpaid.

Digest of Venereal Disease Laws and Regulations. Revised to 1947. 700 pp. in loose-leaf binder. \$6.00 postpaid. 1946 Supplement separately, \$2.50.

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WORLD NEWS AND VIEWS

JOSEPHINE V. TULLER

and

JEAN B. PINNEY

Secretary, Committee on International Relations and Activities, American Social Hygiene Assn.

Director, Regional Office for the Americas, International Union against the Venereal Diseases

News from the United Nations

Progress Toward New International Convention on Traffic in Women and Children.—At the Fourth Session of the UN Social Commission, which met at Lake Success in May, a revised Draft Convention for the *Suppression of Traffic in Persons and of the Exploitation of the Prostitution of Others* was recommended. Former conventions have been limited to strict police regulations for punishment and suppression of traffic in women. The new, unified convention recognizes the need of attacking the problem also from the educational viewpoint and emphasizes both preventive and rehabilitative aspects.

The new Draft Convention was submitted to the Economic and Social Council for approval at its 9th Session which met in Geneva, July 1949, and the ECSCOC referred the matter to the General Assembly which opened in September at Flushing Meadows, N. Y.

For data on provisions of earlier Conventions as promulgated by the League of Nations and ratified by the majority of national Governments prior to 1938, and for notes on UN assumption of League responsibility, see *JOURNAL OF SOCIAL HYGIENE* for 1947 and 1948, and ASHA Pub. No. A-396, *Milestones in the March against Commercialized Prostitution, 1886-1949*. 10 cents.

WHO—VD Study Commission Visits the USA.—At the invitation of the US Government, the Syphilis Study Commission of the World Health Organization, composed of venereologists from seven countries, is making a three-month survey of the VD control program in the United States as regards its national and international importance.

Members of the study group include:

Dr. Juan M. Funes
Director, Rapid Treatment Center
Guatemala, Guatemala

Dr. E. I. Grin, Director
Zemaljski, kozno vener, dispanzar,
Ministry of Health
Sarajevo, Yugoslavia

Dr. N. Jungalwalla
VD Adviser to the Government of
India

Dr. Poul V. Marcussen, Director
Municipal Venereal Disease Clinic
Copenhagen, Denmark

Dr. Tauno Putkonen
Physician in Chief of the State Hospital for VD
Helsinki, Finland

Dr. Sidney Laird
Adviser in Venereology
Suffolk, England

Professor Pierre Joulia
Professor of Skin Diseases & Syphilis
Bordeaux University
Bordeaux, France

The US Public Health Service is conducting the tour and ASHA played host to the Commission on August 23rd when it visited the national headquarters.



THE COMMISSION AT ASHA HEADQUARTERS

Left to right, front row: Dr. Jungalwalla, Dr. Grin, Prof. Joulia, Dr. Funes, Dr. Marcussen, Dr. Laird. *Back row,* Dr. P. J. Pesare, Medical Officer in charge of VD Education, USPHS, Dr. Wm. A. Brumfield, Jr., Deputy Health Commissioner, N. Y. State Dept. of Health, Dr. Walter Clarke, ASHA Executive Director, Dr. R. C. Arnold, VD Research Laboratory, USPHS, U. S. Marine Hospital, Staten Island, N. Y.

WHO VD Experts to Meet in the United States.—The Third Session of the World Health Organization Special Body of VD experts will convene in Washington, D. C., on October 10, according to a recent letter received from Dr. Thorstein Guthe, Medical Officer, Venereal-disease Section of WHO, Geneva. Dr. John F. Mahoney is Chairman of the group. Previous sessions have been held in Paris and Geneva.

News from the International Agencies

U. S. Delegation to the 1949 General Assembly, International Union against the Venereal Diseases.—As announced in the June JOURNAL OF SOCIAL HYGIENE the IUVD 1949 General Assembly was held in Rome, Italy, September 12-16 with voluntary and official Italian agencies as hosts. The US Delegation included Dr. William A. Brumfield, Jr., New York State Deputy Health Commissioner, who served as delegation chairman; Dr. D. K. Kitchen, Medical Director, Bristol Laboratories; Dr. William F. Snow, Chairman of the ASHA Board

of Directors and of the ASHA Committee on International Relations and Activities; and Mrs. Josephine V. Tuller, Committee Secretary.

Dr. Snow, as Union president, presided over the five day Assembly. Previous to arrival in Rome delegation members visited Paris for a conference with Dr. André Cavaillon, IUVD Secretary-General, and Miss Marguerite Troué, Administrative Secretary, at the international headquarters at Institute Fournier, and went to Geneva to confer with Dr. Brock Chisholm, WHO Director-General, Dr. Thorstein Guthe, Medical Officer of WHO's VD Section, and other members of the WHO Secretariat.

To assist WHO in special studies in venereal diseases now in process in the Rhine valley, Dr. Brumfield, an Army Reserve Corps officer who as a Medical Corps colonel saw service in this area during World War II, was recently placed on active duty by Surgeon General Raymond W. Bliss and spent some time previous to the Rome meeting in field work on this program with Dr. A. Spillman, WHO Expert Consultant for Europe.

Dr. Kitchen, in Germany, London, Paris and Geneva, met with medical and scientific groups and studied clinical methods employed by dermatologists and venereologists of those countries. At the IUVD Assembly, he presented a paper on *Treatment of Early Syphilis with Procaine Penicillin in Oil and Aluminum Monostearate*.

Other Assembly program contributions made by United States representatives included a paper on *Studies of the Prostitution Problem and Related Social Measures*, by Dr. Walter Clarke, ASHA Executive Director, and a report of work done by the Union's Regional Office for the Americas, by Jean B. Pinney, Director. The Regional Office also collected posters, pamphlets and other examples of educational materials for the exhibit which was an Assembly feature.

The U. S. Delegation returned home late in September and will report on the Assembly at the Union's Regional Conference to take place at the Hotel New Weston, New York City, on October 23rd.

Mrs. Tuller during her stay in Europe also served as ASHA representative at the meetings of the International Union of Family Organizations which were held in Rome, September 18-24.

International Congress on Suppression of Traffic in Women and Children.—This conference called in London, May 19-20, by the International Bureau for the Suppression of Traffic in Women and Children, had as one of its purposes discussion of the new Draft Convention on *Suppression of Traffic in Persons and of the Exploitation of the Prostitution of Others*. (See *News from the United Nations*.) Sir Sidney Harris, a former member of the UN Social Commission, represented ASHA at this Congress.

The Bureau has headquarters at 12 Old Pye Street, London, and the Joint Secretaries are Messrs. George Tomlinson and B. G. Bastin. Mr. Bascom Johnson, ASHA Legal Consultant and member of ASHA Committee on International Relations and Activities, is the Bureau's "corresponding member" for the United States.

Second Pan American Congress of Social Work.—The Second Pan American Congress of Social Work took place from July 2 to 9 in Rio de Janeiro, Brazil. General conference subject was *Social Work and the Family* and the program included lectures on the *Family in the Social Structure* and study sessions on *The Role of Social Work in View of Present Family Needs* and *Professional Training in Social Work in View of Present Needs*. ASHA was represented at the Congress by Miss Helene Londahl of Sao Paulo, and Dr. Luis Campos Mello, Chief of Brazil's VD Services, represented the International Union against the Venereal Diseases.

New Publications of International Interest

Social Hygiene, the Citizen and the United Nations. How the American Social Hygiene Association provides a two-way channel between the American public and the UN program. ASHA Pub. No. A 752. 5 cents.

Social Hygiene and the World Scene. Report of the ASHA Committee on International Relations and Activities for the year 1948. ASHA Pub. No. A-763. 5 cents.

The World Situation with Regard to Prostitution. A tabulation by continents and countries of governmental attitudes and legal provisions regarding suppression of commercialized prostitution. Prepared by the International Abolitionist Federation, Geneva, Switzerland, translated from the French and published by permission as ASHA Pub. No. A-768. 10 cents.

Sífilis: Revision de la literatura medica reciente. Por Frank W. Reynolds y Joseph Earle Moore. (*Syphilis: a Review of the Recent Literature.*) Translated into Spanish and published by the Puerto Rico Journal of Public Health and Tropical Medicine, March, 1949. The original text appeared in the Archives of Internal Medicine, December, 1946.



"... It is necessary that we show what we believe here. I think that the United Nations is the only bulwark we have for the peace of the world, and our support of the UN is absolutely essential, with everything we have, to see that the peace of the world is obtained" . . .

Harry S. Truman,

President of the United States
September 14, 1949

BOOK REVIEWS AND PUBLICATIONS RECEIVED

ELIZABETH B. McQUAID

Editorial Assistant, Journal of Social Hygiene

SYPHILIS: ITS COURSE AND MANAGEMENT. By Evan W. Thomas, M.D. New York, The Macmillan Company, 1949. 317 p. \$5.50.

The author of this book has had one of the most extensive experiences with the diagnosis and treatment of syphilis of any person in the United States today. As Clinical Professor of Medicine at New York University and Director of the Rapid Treatment Center and visiting Physician at the Bellevue Hospital of New York, Doctor Thomas has, during the last ten years, made numerous important contributions to our knowledge of syphilis and more recently to the development of penicillin therapy for this disease. He is a teacher and research scientist of distinction.

Doctor Thomas' book has the advantages of being compact and eminently practical. While a concise description of all aspects of syphilis is presented, the author, in the development of the subject, has given special emphasis to the use and interpretation of serologic tests for syphilis and to penicillin therapy of this disease and has dealt authoritatively with both subjects.

Students and general practitioners will find Doctor Thomas' book extremely useful because of its brevity and its highly practical treatment of the subject. Others more particularly interested either in syphilis or in the therapeutic use of antibiotics will find here an excellent discussion of our present knowledge and points of view regarding these.

WALTER CLARKE, M.D.

COMMUNICABLE DISEASE CONTROL. Second edition. By Gaylord W. Anderson, M.D., and Margaret G. Arnstein, R.N. The Macmillan Co., New York, 1948. 450 p. \$5.00.

The first edition of this useful work was published in 1941. The numerous important changes in communicable disease control practice that have taken place since then, made necessary the

revisions which appear in this second edition. Thus it is in its detail only that the new book differs from the old: detail concerning the advent of penicillin, DDT, new antimalarials and new antigens, sulfonamides, tetanus toxoid, and typhus and yellow fever vaccines, all of which were discovered or used extensively during the war. In their fundamental pattern the two books are identical, since fundamental principles of disease control do not change.

Although protection of the individual and protection of the community must always be considered simultaneously, this volume is written from the standpoint of the community. Dr. Anderson and Miss Arnstein understand that the problem of the health agency is one of giving the greatest degree of protection for the greatest number of persons from the money that is available.

Part I is concerned with disease control in general, whereas *Part II* deals with the prevention and treatment of the various diseases. The bibliography is limited to lists of easily available material.

JEAN B. PINNEY

SECOND SYMPOSIUM ON RECENT ADVANCES IN THE STUDY OF VENEREAL DISEASES. Held at Washington, D. C., April 8-9, 1948, under the Auspices of the Syphilis Study Section, Division of Research Grants and Fellowship, National Institute of Health, United States Public Health Service. By Dr. J. E. Moore, Chief of Syphilis Study Section, Venereal Disease Education Institute, Raleigh, North Carolina. 342 p. \$1.50 per copy.

This volume contains numerous articles presenting recent research findings on all aspects of syphilis and a few articles on the other venereal diseases. Much of the material is highly technical but is of great interest and importance to physicians and laboratory workers concerned with diagnosis, treatment and control of the venereal diseases.

WALTER CLARKE, M.D.

PUBLICATIONS RECEIVED

Under this head the JOURNAL OF SOCIAL HYGIENE lists publications received and not reviewed. Those which fall sufficiently within its field and are of sufficient importance to its readers to warrant comment will be reviewed in later issues.

PAMPHLETS, LEAFLETS, AND REPORTS

Annual and Special Reports

- ANNUAL REPORT FOR THE YEAR 1948, National Health Council, 1790 Broadway, New York 19, N. Y.
- PROCEEDINGS OF THE 30TH NATIONAL RECREATION CONGRESS, 1948. National Recreation Association, New York, N. Y. 208 p. \$2.25.
- REPORT, NATIONAL CONFERENCE ON COMMUNITY RESPONSIBILITY TO OUR PEACETIME SERVICEMEN AND WOMEN, Washington, D. C., May 25-26. The President's Committee on Religion and Welfare in the Armed Forces, Room 1045, Temporary Bldg. "R," 4th and Jefferson Drive, S.W., Washington, D. C.
- THE ROCKEFELLER FOUNDATION, A review for 1948, Chester I. Barnard. The Rockefeller Foundation, 49 W. 49th St., New York, N. Y. 71 p.
- ANNUAL REPORT FOR THE YEAR ENDING JUNE 30, 1948, The American National Red Cross, Washington, D. C. 192 pp.
- COMMUNITY RESPONSIBILITY TO OUR PEACETIME SERVICEMEN AND WOMEN. First report of the President's Committee on Religion and Welfare in the Armed Forces, March 24, 1949. U. S. Government Printing Office, Washington 25, D. C. 29 pp. 15¢.
- THE FIRST FORTY YEARS, 1948 Annual Report. National Society for the Prevention of Blindness, Inc., 1790 Broadway, New York, N. Y.
- A HEALTH PROGRAM FOR COLLEGES. A report of the third national conference on health in colleges, May 7-10, 1947, New York, N. Y. National Tuberculosis Association, 1790 Broadway, New York, N. Y.
- PROCEEDINGS, FORTY-SEVENTH ANNUAL CONFERENCE. Surgeon General, United States Public Health Service and Chief, Children's Bureau of the Federal Security Agency with state and territorial health officers, state mental health authorities, state hospital survey and construction authorities. November 15 and 17, 1948. Washington, D. C. 132 pp.
- SOCIAL SCIENCE RESEARCH COUNCIL ANNUAL REPORT, 1947-48, 230 Park Avenue, New York 17. Includes reports of twenty-seven Council committees. 73 pp.
- VARIATIONS IN STATE PUBLIC HEALTH PROGRAMS as portrayed by the annual combined report and plan for the fiscal year 1948, Josephine Campbell, Ruby F. Mullins, and Marion Kennedy. Federal Security Agency, Public Health Service, Washington, D. C., January, 1949. 53 pp.

Pamphlets and Leaflets for the General Public

- SHALL WE MAKE A SURVEY?, National Social Welfare Assembly, 1790 Broadway, New York 19, N. Y. Questions to be considered before a survey is undertaken. 23 pp. Single copies 25¢, 25 or more copies, 20¢ each.
- COMICS, RADIO, MOVIES—AND CHILDREN, Josette Frank. Public Affairs Committee, Inc., 22 East 38th Street, New York 16, N. Y. 32 pp. 20¢.
- OUR AGING POPULATION, Louis I. Dublin, Metropolitan Life Insurance Company. Annual forum, New York Chapter of the Chartered Life Underwriters, April 7, 1949, Town Hall, New York, N. Y.
- 1948 PAMPHLET LIST, The Association for Family Living, 28 E. Jackson, Chicago 4.
- ALASKA HEALTH INSTITUTE, Alaska Dept. of Health, 1949. Need for an Alaskan research institution for venereal disease control. 24 pp.
- THE NATIONAL MENTAL HEALTH ACT AND YOUR COMMUNITY, Mental Health Series No. 3. Federal Security Agency, Public Health Service, Mental Hygiene Division, Washington, D. C. 12 pp. U. S. Government Printing Office. 10¢.

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Family Life Education and 16th Annual Library Number

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